Category: IGO.2 In-Garrison Medical Operations

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Area IGO.2.1 Worker Protection

Introduction This section contains all elements related to the identification, evaluation and control of workplace hazards.

Element IGO.2.1.1 (formerly OPS.3.3.1)

Occupational Health Medical Examination (OHME) Administration

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Evaluation Criteria

- Documentation reflected an integrated team approach (occupational health working group [OHWG] or aeromedical council [AMC]) to provide professional oversight to the occupational health program
  - -- OHWG members were appointed in writing
  - -- A physician was appointed in writing as the occupational health consultant by the AMDS commander (or equivalent)
- BE summary of exposures provided to the occupational health working group for each workplace
  - -- At a minimum, contained information on exposures above the action level or exposures requiring control
- Justification for occupational medical examinations was documented
  - -- OSHA, AFOSH, or NFPA 1582 mandated medical surveillance was referenced
- There was consistency of medical monitoring for shops/processes/workers with similar exposures/hazards
- Shop survey, OHWG review, and occupational health medical examination schedules were coordinated so that examinations of workers were based on accurate, current data
- All participants in the occupational health process used forms with current data, e.g., public health, physical exam section, bioenvironmental engineer (BE) and worker's medical records contained the same current version of the AF Form 2755, Master Workplace Exposure Data Summary, or equivalent document
- There was an active industrial shop visit program utilizing a team approach with a flight medicine provider and bioenvironmental engineering and public health personnel involved to target critical shops
- The OHWG established worker education requirements and communicated them to supervisors
- Supervisors and commanders were regularly notified of occupational exam completion rates

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor implementation of the occupational medicine program even if accomplished by another agency.

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Inconsistencies in shop visits, medical monitoring, multidisciplinary coordination potentially compromised employee health.

1: Few criteria were met. Adverse mission impact was expected to occur. For example:

- No multidisciplinary forum existed to provide professional oversight of occupational health programs
- AF Forms 2755 were not current
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: The medical unit failed to meet the minimum provisions of the element. Employee health and safety were seriously jeopardized due to failure to identify OSHA mandates, address a significant health hazard in one or more shops, or perform effective medical monitoring of employees.

NA**:** Not scored.

Protocol P-23 is the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFPD 48-1; AFI 48-101; AFI 48-145; AFI 91-301; AFOSH 48-8; DOD 6055.5-M; Interim Guidance AFI 48-20; National Fire Protection Association (NFPA) standard 1582, Medical Requirements for Fire Fighters, 2000 Edition

Element IGO.2.1.2 (formerly OPS.3.3.3)

Quality of Occupational Health Medical Examinations (OHMEs) and Follow-Up

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Evaluation Criteria

- OHMEs were performed IAW locally established AF Form 2766 protocols
- Preplacement exams were done within 60 days of starting work or prior to potentially hazardous exposures in the shop
- OHMEs were documented in the medical record
  - -- All positive responses on worker health histories were explained and evaluated as appropriate
  - -- Occupational and recreational exposure history was assessed
  - -- Completed medical evaluation questionnaires (29CFR 1910.134, Appendix C) were present in the medical records of workers covered under the respiratory protection program
  - -- A credentialed provider documented review and interpretation of all lab/test results in the member's medical record
- Workers were notified of the results of their occupational exam
- Follow-up of abnormal OHMEs (including audiograms) was documented through closure
  - -- Abnormal OHME follow-up was accomplished IAW applicable administrative and clinical guidelines
  - -- Abnormal OHME follow-up activities were documented in the medical record
- OHME currency rate (total number of workers who had OHME / total number of workers requiring OHME within the time period specified on the AF Form 2766) exceeded 90% monthly

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor implementation of the occupational medicine program even if accomplished by another agency.

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. The sustained OHME compliance rate was less than 90 percent.

2: Potential adverse health effects may have gone unnoticed due to a sustained OHME compliance rate less than 80 percent or failure to follow AF Form 2766 protocols.

1. The health and safety of workers was jeopardized by a sustained OHME compliance rate of less than 70 percent. There was a failure to address or follow up on abnormal findings during the OHME.

0: The medical unit failed to meet the minimum provisions of the element. There was failure to follow AF Form 2766 protocols in multiple critical shops or failure to follow up on significant abnormal findings during the OHME.

NA**:** Not scored.

Protocol P-23 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFPD 48-1; AFI 48-101; AFI 48-145; 29 CFR 1910.95 section 8, Follow-up Procedures; AFI 48-123, Chap 17; AFOSH 48-137; Interim Guidance AFI 48-20; DOD 6055.5-M

Element IGO.2.1.3 (formerly OPS.3.3.4)

Hearing Conservation Program (HCP) — Clinical Aspects

Evaluation Criteria

- Individuals with standard threshold shifts (STS) were referred for hearing protection reeducation and refitting at the initial examination showing an STS
  - -- All individuals with permanent threshold shifts (PTS) were referred to an audiologist
  - -- Civilian and DoD referral audiology evaluations were comparable to hearing conservation diagnostic center (HCDC) or Hearing Conservation Center (HCC) evaluations
  - -- Evaluations were sufficient to eliminate conductive or retrocochlear pathology
- Fitness and risk determinations were performed when indicated
- Automated audiometry equipment was calibrated before use and Defense Occupational Environmental Health Readiness System (DOEHRS) data submitted to the DOEHRS data repository on a monthly basis
- A tracking mechanism existed to ensure STS follow-up
- The interval between the initial STS and completion of follow-up testing was 90 days
- Written notification of the STS was provided to the patient within 21 days
- AF Form 1753 (Hearing Conservation Examination) was completed upon initial entry into the HCP and when an STS persisted upon completion of follow-up testing

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor implementation of the occupational medicine program even if accomplished by another agency.

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Patients may have been placed at risk for adverse outcomes. For example:

- There were at least two workers whose follow-up was not completed within 30 days of the annual audiogram (90 days for traditional reserve component members)
- There were at least two workers without evidence of re-education or refitting at the time of the initial threshold shift

1: Adverse mission impact was likely due to failure to consistently follow workers with threshold shifts. For example:
- There were at least 3-5 workers whose follow-up was not completed within 30 days of the annual audiogram (90 days for traditional reserve component members)
- There were 3-5 workers without evidence of re-education/refitting at the time of the initial threshold shift

0: The medical unit failed to adequately follow workers with threshold shifts. Loss of personnel resources was highly likely due to failure to appropriately follow workers with threshold shifts. For example:
- There were six or more workers whose follow-up was not completed within 30 days of the annual audiogram (90 days for traditional reserve component members)
- There were six or more workers without evidence of re-education/refitting at the time of the initial threshold shift

NA**:** Not scored.

Protocol P-23 is the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFOSH 48-19; DoDI 6055.12; AFI 48-20, Interim Guidance, AFELM MED DoD memorandum, Proper Use of AF Form 1753, 16 Oct 00; 29 CRF 1910.95 (g)(8)(ii) through (g)(8)(ii)(B); AFMOA/CC memorandum, Air Reserve Component Hearing Conservation Referral Guidance, 9 Jan 02

Element IGO.2.1.4 (formerly OPS.3.3.5)

Reproductive Health/Fetal Protection

Evaluation Criteria

- Male and female reproductive hazards were communicated to workers prior to pregnancy
- Medical providers consulted bioenvironmental engineer (BE) and public health (PH) personnel regarding occupational exposures to potential reproductive hazards in pregnant military personnel, using SF 513 or other suitable form
- Supervisors and workers were educated to report pregnancies as soon as possible following confirmation so that effective reproductive hazard assessments could be accomplished
- Mechanisms were in place to ensure physical exams, bioenvironmental engineering and PH personnel became aware of pregnancy diagnoses soon after confirmation; hazard assessments were not delayed
  - -- Pregnant workers were interviewed to assess hazard exposure potential
  - -- The BE exposure assessments targeted specific hazards and information provided is consistent with regulatory guidance and AF technical orders
- Specific industrial reproductive hazards were addressed to the worker
  - -- Pregnant workers received individualized fetal protection education soon after diagnosis
  - -- Pregnant worker education considered occupational and non-occupational environmental risks
- Profiles reflected recommendations resulting from a current comprehensive hazard assessment
  - -- Standard (chemical warfare defense ensemble wear, etc.) and targeted (ionizing radiation, chemotherapeutics, lead, etc.) duty restrictions were hazard specific
  - -- Profiles were generated expediently (one unit training assembly)
- Duty restrictions were coordinated with the pregnant worker, her supervisor and the attending provider
- Reproductive health/fetal protection activities were documented (while tracking logs, computer databases and worksheets are important to management of this program, continuity of care must be clearly discernible in the medical record)
- Adherence to standard of care was clearly discernible in the medical record

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Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support or patient health.

2: There was an increased potential for unrecognized fetal/maternal exposures to potentially hazardous situations.

1: Failure to adequately manage the fetal protection program was likely to have adverse mission impact or pose significant risks to fetal or maternal health.

0: The medical unit failed to provide appropriate fetal protection. There was a high potential for adverse fetal/maternal outcomes due to unrecognized exposures to potentially hazardous situations, or an adverse outcome was known to have occurred.

NA**:** Not scored.

Protocol P-23 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 44-102; AFI 48-125; AFI 48-145; OSHA 2254, Training Requirements in OSHA Standards and Training Guidelines; AFRCI 41-104; ANGI 40-104

Area IGO.2.2 Dentistry

Introduction This section contains all elements related to the delivery and support of dental treatment.

Element IGO.2.2.1 (formerly OPS.8.1.1)

Management and Control of Dental Health Records

Evaluation Criteria

- Maintenance, storage, and security of AF Form 2100 Series folders were appropriate
- Records were identified with the name of the medical unit having custodial responsibility by attaching a self-adhesive label in the lower right corner on the front of the dental record folder
- Records were allowed to be hand carried in accordance with AF instructions
- An annual inventory of dental records was accomplished to:
  -- Verify dental readiness classification and date of last update
  -- Identify and forward retained records of departed personnel

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Significant deficiencies in the security, maintenance, storage, or management of dental records existed. Program outcomes may be adversely affected.

1: Few criteria were met. Dental records were poorly managed and/or annual inventory of dental records had not been accomplished and adverse mission impact was likely to occur.

0: The unit failed to meet the minimum provisions of the element. There was no control or inventory of dental records and/or adverse mission impact occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-21 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s)

AFI 47-101; AFI 41-210

Element IGO.2.2.2 (formerly OPS.8.1.2)

Dental Examination Forms Documentation and Discipline

Evaluation Criteria

- Standard Form 603/603A was appropriately accomplished:
  - -- Was used to record all military dental examinations
  - -- Was used to record all civilian dental examinations as reflected on returned DD Forms 2813
  - -- Contained legible entries
  - -- Contained only entries SIGNED by the provider
  - -- Contained only authorized designations and abbreviations
  - -- Contained properly completed Section I, including items 4 and 5
  - -- Reflected properly completed charting to accurately document the military examination
  - -- Contained documents/forms in proper sequence
- Air Force Form 696, Dental Patient Medical History:
  - -- Was completed on all patients at the periodic dental examination
  - -- Was completed if a change in the patient's health status occurred
  - -- Contained dentist evaluation and documentation of all significant positive entries

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient evaluation.

2: Records exhibited a pattern of uncorrected errors including spelling, illegibility of entries, use of improper abbreviations, and lack of provider signatures. Program outcomes may be adversely affected.

1: Frequent documentation errors including inadequate documentation of examinations, and/or failure to review the health history increased the medicolegal risk to the Air Force. Adverse mission impact and/or compromise of patient examinations were likely to occur.

0: The unit failed to meet the minimum provisions of the element. Meaningful documentation practices did not exist and significant medicolegal risk to the Air Force was evident. Adverse mission impact and/or compromise of patient examinations occurred or were highly likely to occur.

NA: Not scored.

Protocol	P-21 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.
Reference(s)	AFI 47-101

Element IGO.2.2.3 (formerly OPS.8.2.1)

Periodic Dental Examinations

Evaluation Criteria

- Periodic examinations (Type 1 or Type 2) were performed on all AF personnel to assess readiness status
- The periodontal screening and recording (PSR) system was used on all military dental examinations
- Members with significant, unresolved, or previously undiscovered medical findings were referred for evaluation
- Dental Services provided dental readiness classification status to higher headquarters as required
  -- AFRC units submitted the appropriate reports from the RCPHA dental module
  -- ANG units submitted the ANG Dental Class Status and Productivity Reports in Apr and Oct each year
- Members identified as Dental Class 4 received a Type 2 dental exam within 90 days
  -- Appropriate action was taken for members in dental class 4 over 90 days

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient examinations.

2: Significant deficiencies existed in the Periodic Dental Examination program and program outcomes may be adversely affected.

1: Few criteria met. The Periodic Dental Examination program was inconsistent in sustaining base mobility requirements and adverse mission impact was likely to occur.

0: Criteria not met. The unit failed to meet the minimum provisions of the element, having no effective means of sustaining the base's mobility requirements. Adverse mission impact occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-21 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 47-101

Area IGO.2.3 Clinical Services

Introduction This section contains all elements related to clinical services and support activities.

Element IGO.2.3.1 (formerly LED.2.3.5)

Oversight of Nursing Practice

Evaluation Criteria

- Chief Nurse (CN) is a member of the Executive Management Committee (EMC) and collaborates with members in policy and decision making
- CN planned/coordinated oversight and training with the superintendent of nursing services (NS)
  - -- Established a mechanism to implement policies and guidance related to nursing practice
  - -- Facilitated effective communication with all nursing personnel
- CN ensured all nursing personnel were competent to perform assigned duties
  - -- Performed a skills assessment of newly assigned nurses
  - -- Ensured currency of valid and unrestricted nursing licenses
  - -- Authenticated at least 180 hours of employment as a registered nurse (RN) for all nurses assigned
  - -- Ensured national registry of emergency medical technician status was attained and maintained by all medical technicians
  - -- Ensured all RNs and medical technicians completed appropriate continuing education requirements
- CN and superintendent worked with supervisors to ensure promotion of professional development in-services, continuing education, and career development activities

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Scoring

4: Criteria met.

3: Identified discrepancies were minor, primarily administrative in nature, and unlikely to compromise the unit's mission and/or patient care.

2: Adverse mission support could be expected. For example:

- CN did not function as an effective member of the EMC
- Deficient oversight of nursing services (e.g., review of policies/procedures, nursing council)
- Although a plan was in place to assess competency of nursing staff, it was not fully implemented (e.g., incomplete competency assessments, potential existed for lapses in nursing licensure/verification of employment, undefined mechanism to promote professional development of all nursing personnel, in-service not documented in 6-part folders)

1: The chief nurse and superintendent failed to meet the minimum provisions of the element. Adverse mission impact occurred. For example:

- The chief nurse was not a member of the executive team

- Competency was questionable/compromised due to failure to complete verifications
- A mechanism did not exist to promote the professional development of nursing personnel, resulting in low morale and compromised career progression
- Lapses noted in nursing licenses or NREMT certification

0: No evidence of NS oversight existed.

NA: Not scored.

Protocol

P-7 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s)

AFI 44-119; AFPD 46-1; AFI 46-101, Sect A, B, C; AFI 46-102, Section A; AFI 36-2115; 4NOXX CFETP, Part II, Section E; 4FOX1 CFETP, Part I, Sect C and D, Part II Sect D; AFI 41-117; Continuing Education Approval and Recognition Program (CEARP)

Element IGO.2.3.2 (formerly HCS.1.3.3)

Health Records Management

Evaluation Criteria

- Local processes and procedures had been established to ensure:
  - -- Medical information was properly safeguarded
  - -- Disclosure of medical information was appropriate and annotated
  - -- Limited access to all outpatient records areas
  - -- Consistent use of charge out guides and accurate, complete information on AF Forms 250 or locally developed forms
  - -- Appropriate management of records for personnel referred to outside healthcare providers
  - -- Appropriate disposition of records of retiring, separating, or transferring personnel
  - -- Appropriate management of outpatient records pre- and post-deployment
  - -- Mechanism in place to manage records of personnel assigned to geographically separated units (if applicable)
  - -- Annual inventory conducted
    - --- All records on file as of 31 March
    - --- Notified MPF and unit in writing of missing records
    - --- Established specific time criteria for records return and follow-up actions to retrieve delinquent or missing records
- Quality control of outpatient records:
  - -- Ensured 90 percent availability and accountability of outpatient records
    - --- Established local tracking and retrieval procedures which include, at a minimum:
      - ---- Monthly review of charged out records and a methodology to retrieve charged out records
      - ---- Mechanism to regain custody of outpatient records being maintained by the patient
      - ---- Education of staff and patients on the importance and reasons why records must be maintained by the medical facility
  - -- Established record review function procedures to ensure:
    - --- Records contents contained accurate and complete patient data
    - --- Record folders were prepared, filed and maintained according to directives

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Scoring

4: Criteria met.

3: Mechanisms and processes were established to manage records. Minor deficiencies in evaluation criteria were noted but did not detract from the overall management of records.

2: Most mechanisms and processes were established; however, there was only partial compliance with evaluation criteria. For example:
- The health record inventory was completed, but appropriate follow-up processes on missing records was not accomplished
- Monthly review of charged out health records was not accomplished
- Health record availability and accountability was consistently less than 90 percent

1: Minimal compliance with evaluation criteria. For example:
- Procedures were not established to manage outpatient records
- Health record availability and accountability was consistently less than 90 percent, procedures and processes were not established to address the problem
- Annual records inventory was not accomplished
- Quality control procedures were not established

0: Noncompliance with evaluation criteria and/or basic program requirements.

NA: Not scored.

Protocol P-28 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted inspector.

Reference(s) AFI 41-210; AFMAN 37-139

Element IGO.2.3.3 (formerly HCS.1.4.1, HCS.1.4.2, HCS.1.4.5)

Medication Management

Evaluation Criteria

- All medications are stored in a controlled non-traffic area under secure conditions
- Local policy identifies individuals who have access to secured areas
- A process exists for identifying drugs and replacing stock before expiration
- Developed and maintained a formulary/list of all medications/drugs maintained in the facility (does not include War Reserve Materiel drugs)
  -- Formulary/medication list is reviewed and approved annually by the Executive Management Committee

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Scoring

4: Criteria met.

3: Criteria met with minor exceptions, primarily administrative in nature, which did not detract from management of medications.

2: Unit did not meet standards and there was the potential for adverse mission impact.

1: Adverse mission impact was expected to occur.

0: The organization failed to meet minimum provisions of the element.

NA: Not scored.

Protocol

P-13 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s)

AFI 44-102; AFMAN 23-110, Vol 5, Chapters 13, 14, 15 and 23

Element IGO.2.3.4 (formerly HCS.1.5.1)

Laboratory Services

Evaluation Criteria

- DoD Clinical Laboratory Improvement Program (DoD-CLIP) certification was current with accurate information
- Only tests authorized by the CLIP certification were performed
- Tests were accomplished IAW manufacturers' recommendations
- Quality control was conducted IAW CLIP and manufacturers' guidelines
- Written guidelines were in place to direct laboratory operations (e.g., critical/abnormal value reporting procedures)
- Changes in clinical laboratory name, location or director had been identified (within 30 days) to the AF/SG DoD-CLIP representative

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:
- AF/SG DoD-CLIP representative not notified of changes in clinical laboratory name, location or identified director
- Lacked written guidelines to direct laboratory operations

2: Some, but not all criteria were met. For example:
- Laboratory tests conducted outside current DoD-CLIP certification scope

1: Few criteria were met. Patient care could be compromised and adverse mission impact could occur. For example:
- DoD-CLIP certification was expired

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or patient care compromise was highly likely to occur.

NA: Not scored.

Protocol

P-12 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s) AFI 44-102; AFIP Pamphlet 40-24, DoD Clinical Laboratory Improvement Program (CLIP) [http://www.afip.org/OCLAB/cliptoc.htm]

Element IGO.2.3.5 (formerly OPS.1.2.2)

Emergency Response: Ambulances and Equipment

Evaluation Criteria

- The ambulance service was designed to meet the needs of the base flying/special operations missions and community contingency situations
- Written protocols provided adequate guidance for emergency response
  -- If applicable, protocols covered special equipment needs for responding to the flight line in other than flight surgeon office ambulances (e.g., using aeromedical staging facility ambulances to respond to medical emergencies in air evac passengers)
- Pre-hospital protocols were used and maintained in the ambulances; emergency equipment supported the complete spectrum of expected technician capabilities as described in the pre-hospital protocols
- Ambulance supplies and layout were standardized between units to the greatest extent possible
- Essential equipment/supplies were available for use, including (but not limited to):
  -- Triage and emergency stabilization for mass casualty situations
  -- 100 percent oxygen delivery system compatible with aviator mask
  -- Defibrillator (automatic electronic defibrillators, if authorized by the medical unit for use in the field)
  -- Maps of base and local community
  -- Disaster response checklists
  -- Two-way voice communications with medical unit/fire-crash personnel
  -- Personal protective equipment (PPE) for blood and body fluid protection
  -- Appropriate PPE for hazardous material incident responses, e.g., radioactive materials, hydrazine, etc.
- All personnel who may respond to the flight line (e.g., emergency room/acute care clinic or civilian ambulance personnel after normal duty hours):
  -- Had been trained in the proper procedures for flight line response
  -- Had flightline driving privileges and line badges (if required by the installation)
  -- Were familiar with crash ambulances, if used to respond
  -- Had all appropriate checklists, written guidance and necessary equipment for covering flight line responses in all responding vehicles

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:

- Non-critical supplies were missing or outdated

2: Some, but not all criteria were met. Emergency response could have been suboptimal. Examples:
- Inadequate flight line training for emergency response personnel
- Emergency response protocols were inadequate or not available

1: Adverse mission impact, such as unnecessary morbidity/mortality, was highly likely to occur. Examples:
- Ambulances or ambulance services did not completely meet operational community needs
- Critical equipment/supplies were missing or were not properly maintained

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as unnecessary morbidity/mortality, occurred.

NA**:** Not scored.

Protocol P-33 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted inspector.

Reference(s) AFI 44-102; AFI 44-108; AFI 48-101; ANGI 41-104

Element IGO.2.3.6 (formerly OPS.1.6.1)

Operational Optometry

Evaluation Criteria

- Required optometric examinations were completed and documented (e.g., visual acuity, intra-ocular tension, amsler grid testing)
- Spectacle prescriptions were processed efficiently
- A process existed to ensure prompt procurement of gas mask inserts and aviator spectacles for short notice deployments and other mission requirements
- Cycloplegic exams were appropriately documented
  - -- The name of the agent, times of drop instillation and time of refraction were noted on the correct form
  - -- A signed advisory/consent letter was in the medical record
  - -- Evidence of radial keratotomy or other corneal refractive surgery was documented during cycloplegic exam
- Ocular medications were properly maintained
- Required cockpit evaluations were performed

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. Deficiencies posed a threat to the flying and/or readiness missions. For example:

- At least one medical record requiring cycloplegic refractions did not contain a copy a copy of the signed, dated advisory/consent letter
- Deficiencies existed that detracted from the operational performance of optometry services

1: Adverse mission impact, such as impaired job performance due to degraded visual acuity, was highly likely to occur.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as impaired job performance due to degraded visual acuity in mission essential personnel, occurred.

NA**:** Not scored.

Protocol

P-24 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.
Reference(s)	AFI 44-102; AFJI 44-117; AFPAM 48-133; HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 8 Dec 01; Air National Guard (ANG) Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02

Element IGO.2.3.7 (formerly OPS.3.4.4 and OPS.3.4.5)

Infection Control Program

As part of an evaluation of the infection control program, inspectors will evaluate several pieces: Infection Control Plan, Bloodborne Pathogen Control Plan and TB-Infection Control Plan. The Infection Control Committee may consider integrating several plans into one user-friendly document.

Evaluation Criteria

- The following personnel were appointed in writing by the commander:
  - -- Infection Control Officer (ICO)
  - -- Infection Control Chairperson (Physician or Dentist)
- The Infection Control Program is monitored by the Infection Control Committee (ICC) or the Infection Control Review Function (ICRF)
- Executive Management Committee (EMC) provided oversight for IC activities (e.g., EMC minutes, ICC/ICRF reports)
- ICC/ICRF is a multidisciplinary group (e.g., FSO, immunization, ICO, public health, etc.) that coordinates all activities related to surveillance, prevention and control of infection
- ICO submitted Infection Control Annual Plan to ICC/ICRF/EMC for annual review
- Initial and periodic training was conducted for at-risk personnel in IC principles, tuberculosis (TB) exposure control guidelines and bloodborne pathogen exposure prevention
  - -- Training was documented (e.g., AF Form 55, Employee Safety and Health Record; AF Form 1098, Task Certification and Recurring Training; AF Form 2665, AF Nurse Corps Education Summary; and Web Based Integrated Tracking System [WBITS])

Infection Control:

- Annual infection control plan addressed:
  - -- Scope of the IC program as appropriate for the mission of the unit
  - -- Planned surveillance activities and reporting mechanisms (e.g., what is being surveyed, projected schedule, surveillance methodology)
  - -- Orientation and training requirements for assigned personnel
  - -- Quality initiatives and improvements
  - -- Resources required to implement plan
  - -- Oversight mechanisms/responsibilities for all section-level IC policy and guidance as appropriate for the mission of the unit
- Surveillance activities were accomplished as outlined/described in the infection control plan
  - -- Personal protective equipment (PPE) was readily available and used
  - -- Personnel were knowledgeable regarding hazards and unit policies/procedures employed to prevent occupational exposure

Bloodborne Pathogens:

- There was a written exposure control plan (reviewed annually) for controlling bloodborne pathogen exposures
- The bloodborne pathogen ECP addressed:
  - -- Identification of job classifications at risk for exposure to bloodborne infections
  - -- Methods employed to prevent occupational exposure
  - -- Procedures for evaluating exposure incidents
  - -- Mandate for hepatitis B immunization
  - -- Initial and recurring exposure control education appropriate for work responsibilities and duties
  - -- Annual and recurring education requirements
  - -- Needlestick safety
- The medical unit assisted base agencies in bloodborne pathogens program implementation
- Bloodborne pathogen exposure incidents were documented (while tracking logs, computer databases and worksheets are important to management of this program, continuity of care must be clearly discernible in the medical record)
  - -- Exposure data was trended and reported to the infection control committee or infection control review function

Tuberculosis:

- A multidisciplinary group conducted a tuberculosis (TB) risk assessment and developed/implemented written TB exposure control guidelines (reviewed annually)
- The TB Exposure Control Plan addressed:
  - -- How to conduct the TB risk assessment
  - -- Identification of at-risk personnel
  - -- Initial and recurring TB education appropriate for work responsibilities and duties
  - -- Mandate for TB skin testing
  - -- Appropriate personal protective equipment (PPE)
  - -- Procedures for handling TB skin test reactors
  - -- Other control measures as appropriate
- Members demonstrating a positive TB skin test were appropriately followed-up
- Continuity of care must be clearly discernible in the medical record

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example, one of the following may be identified (if more than one of the following exists it will affect the severity of the score):

- No multidisciplinary ICC/ICRF existed
- No EMC oversight of IC program
- Required training was not documented
- Inadequate surveillance activities

2: Program outcomes may be adversely affected. For example, the following may be identified:
- Required training was not accomplished
- Lack of follow-up/oversight of medical care when indicated

1: Few criteria were met. There was the potential for compromise to employee safety and health.

0: The medical unit failed to meet the minimum provisions of the element.
- Employee health was compromised
- Noncompliance with Occupational Safety and Health Administration and/or AF regulatory guidance

NA: Not scored.

Protocol P-11 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s) AFJI 48-110; AFI 44-108; AFI 91-301; OSHA Directive CPL 2.106; OSHA Directive CPL 2-2.60; OSHA Regulation 29 CFR Part 1910.1030; HA Policy 01-013, Policy for Needlestick Safety for Health Care Workers, 8 Nov 01; AFI 48-115 /ANG Sup 1

Element IGO.2.3.8 (formerly HCS.2.1.1 and HCS.2.1.3)

Credentials and Privileging

Evaluation Criteria

- A unit credentials program manager/liaison was appointed in writing
- The provider credential files (PCF) were organized and maintained IAW AFI 44-119
- SGH maintained responsibility for the medical unit credentials process to include program oversight
- Professional staff maintained appropriate licensure/certification
- PCFs were maintained with controlled access
- Centralized Credentials Quality Assurance System (CCQAS) was implemented, periodically updated and reports forwarded as required
- Credentials used in the privileging process were appropriately primary source verified
- All eligible providers were appropriately privileged prior to seeing any patients
  - -- All required documentation was available and posted prior to initial award or renewal of privileges
  - -- No lapses in privileges occurred between renewal periods
  - -- Privileges were acknowledged in writing by the provider concerned
  - -- Unit commander approved, modified or disapproved requests for privileges
- Unit commander privileges were awarded by the appropriate privileging authority
- Privileges were unit-specific and appropriate for assigned mission
- Biennial reprivileging is based upon provider performance data ensuring that the necessary data is collected and used in the reprivileging process
- Biennial review procedures included updates to the AF Forms 1540, 1540A and 1541, and review of the PCF by the affected provider
- Interfacility Credentials Transfer Brief (ICTB) and privilege lists were routinely used to provide privileging information for temporarily assigned duties at AD MTFs or during deployments
  - -- AF Forms 1562 and/or AF Forms 22 were completed by the clinical supervisor during annual tour or other tours of duty and returned to the parent unit
- Host MTF's commander awarded Unit Training Assembly privileges to AFRC providers assigned to co-located reserve medical units
- Temporary privileges were awarded only on an emergency basis to meet a pressing patient care need

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Scoring

4: Criteria met.

3: Minor documentation errors existed that did not otherwise impact the privileging process.

2: Significant discrepancies limited program effectiveness. For example:
- PCFs or other privileging information were not consistently secured
- Information was insufficient to support provider privileging

1: Minimal compliance with criteria. For example:
- Significant PCF discrepancies potentially compromised the privileging process
- Required licensure/certification was not obtained or maintained
- Privileges were awarded without proper credentials

0: The unit failed to meet the minimum provisions of this element. Major discrepancies existed that compromised the credentialing and privileging process.

NA: Not scored.

Protocol P-15 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 44-119

Element IGO.2.3.9 (formerly HCS.2.1.4)

Abeyance, Inquiry/Investigation and Adverse Actions

Evaluation Criteria

- Abeyance was timely and properly used to evaluate providers whose professional conduct, practice or health warranted review with temporary removal from patient care, but not summary suspension
- Processes existed to gather information for the objective evaluation of providers whose professional conduct, practice and/or health were suspect
  - -- Documentation provided an audit trail and confirmed due process was followed when inquiries or investigations were conducted
- Adverse actions included suspension, restriction, limitation or revocation of privileges
  - -- Actions were appropriately applied
  - -- Duration was within guidelines
  - -- Appropriate coordination done (Staff Judge Advocate, MAJCOM/SG, etc.), and notification to higher headquarters made per directives
  - -- Documentation was present as required per directives

Scoring

4: Criteria met.

3: Minor lapses in timeliness, documentation or processes occurred.

2: Delays or significant documentation lapses occurred, but not to the extent that due process was compromised.

1: Abeyance, inquiry/investigation or adverse actions performed improperly, poorly documented, substantially delayed or subsequent actions taken were faulty to the extent that due process was potentially compromised or potential existed for a negative patient care outcome.

0: Abeyance, inquiry/investigation or adverse actions were not used when suitable, not documented or so untimely as to violate due process, expose patients to known risk or create high potential for medicolegal liability.

NA: Not scored.

Protocol

P-15 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s)

AFI 44-119

Element IGO.2.3.10 (formerly LED.1.2.1)

Customer Satisfaction/Patient Sensitivity

Evaluation Criteria

- A mechanism existed to gain customer feedback for the purpose of improving organizational performance
- Opportunities for customer satisfaction improvements were recognized and implemented
- Unit members were knowledgeable of their roles and responsibilities in promoting an environment of courtesy and sensitivity within the unit
- All medical activities were conducted with respect to the patient's dignity, privacy and confidentiality
- Procedures for use of chaperones were in place and consistently observed

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Unit did not consistently evaluate customer needs or the unit's effectiveness in meeting those needs. The potential existed for patients' dignity, privacy or confidentiality to be compromised.

1: Minimal compliance with evaluation criteria. Patients' dignity, privacy, or confidentiality was compromised.

0: Customer requirements, expectations and satisfaction were not assessed or considered. There was a blatant disregard for patient sensitivity throughout the organization.

NA: Not scored.

Protocol

P-9 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s)

AFPD 44-1; AFI 44-102; HQ USAF/SG memorandum, Implementation of Air Force Medical Service (AFMS) Customer Service Basics, 5 Feb 99

Element IGO.2.3.11 (formerly OPS.5.4.3)

Radiology Services

Evaluation Criteria

- All radiographic procedures were performed and interpreted by qualified individuals who were clinically privileged for the procedure
- Abnormal findings were reported to a physician and followed-up to closure
- Females of childbearing age were screened for pregnancy
- Radiographic technique charts were posted
  -- Skin doses for each procedure performed were documented
- Assigned personnel wore their dosimeter badges properly
- Documentation existed to record lifetime exposures of assigned personnel and results were reviewed by the radiation safety officer
- Protective, as well as gonad shielding, was available in each room, and protective shielding was checked annually

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: There was partial compliance with one or more evaluation criteria. Patients or employees may have received inadequate initial evaluations, treatment, referral or follow-up.

1: There was minimal compliance with multiple evaluation criteria. There was the potential for adverse patient outcomes due to inadequate initial evaluation, treatment, referral or follow-up.

0: The medical unit failed to meet the minimum provisions of the element. Adverse patient outcomes resulted from inadequate radiology evaluations, treatment, referral or follow-up.

NA**:** Not scored. This element will only be scored in units that perform their own radiographic exams in house (does not consider dental radiography).

Protocol

P-26 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s)

AFI 44-102; AFI 48-125; AFI 48-148